MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/597,267	07-18-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		2				51						
2	1						52						
3							53						
4		2					54						
5		0					55						
6							56						
7							57						
8		2					58						
9		0					59						
10							60						
11		0					61						
12		1	2	1			62						
13			1				63						
14			1				64						
15				1			65						
16				1			66						
17				1			67						
18				1			68						
19				1			69						
20				1			70						
21				1			71						
22				1			72						
23				1			73						
24				1			74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.		12		10			TOTAL DEP.						
TOTAL CLAIMS	14		12				TOTAL CLAIMS						

Barbara Campbell, PCT National Stage